## SANTA CLARA POLICE DEPARTMENT CITIZENS' POLICE ACADEMY APPLICATION

Last name, First Name, Middle Initial	
Male Female Home Address	
Home Phone Business Phone	e
Occupation:	
Business Name and Address:	
Date Of Birth Place of Birth	
Driver's License #	
How long have you resided in California?I	n Santa Clara?
Do you have any criminal charges pending? Yes	No
Reason for wanting to attend the Citizens' Police Aca	demy?
<ul> <li>PARTICIPANT REQUIREMENTS</li> <li>MINIMUM AGE OF 21</li> <li>MUST LIVE OR WORK IN SANTA CLARA</li> <li>NO FELONY CONVICTIONS</li> <li>NOT CURRENTLY ON PROBATION OR PAROLE</li> <li>NO MISDEMEANOR CONVICTIONS WITHIN ONE YEAR Any requirement may be waived by the Chief of Poexplanation and justification has been submitted.</li> <li>SELECTION PROCEDURE Participants are selected by the Chief of Police after background check is completed. Applicants who is records will be rejected. Enrollment will be limited to per Academy.</li> </ul>	olice after a comprehensive er application review and a nave unacceptable criminal
YOUR SIGNATURE HERE INDICATES PERMISSION FOR US TO CONDUCT A BACKGROUND CHECK. (REQUIRED FOR CONSIDERATION)	DATE RETURN APPLICATION TO:

RETURN APPLICATION TO: SHARON HOEHN SANTA CLARA POLICE DEPT. 601 El Camino Real SANTA CLARA, CA 95050 408 615 4892